

SEP 2 1 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Cheryl L. Bagwell Director of Regulatory Chattanooga Group 4717 Adams Road Hixson, TN 37343

Re: K051938

Trade/Device Name: Triton/Tru-Trac/TX Traction

Regulation Number: 21 CFR 890.5900

Regulation Name: Powered traction equipment

Regulatory Class: Class II

Product Code: ITH
Dated: July 15, 2005
Received: July 20, 2005

Dear Ms. Bagwell:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson

Acting Director

Division of General, Restorative, and Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

510(k) Number (if known): Device Name:	K_ru-Trac/TX Traction		
Indications for Use:			
The Triton/Tru-Trac/TX tra structures and skeletal musc	ction devices provid cles.	e traction and mobilizati	on of skeletal
The Triton/Tru-Trac/TX tra progressive, regressive and that may be causing pain of wrist, shoulder). Therapeuti patterns, cycles and function	cycling distraction f skeletal or musculant ic distraction can be	orces to relieve pressures r origin (cervical, thoraci	s on structures c, lumbar, hip,
The Triton/Tru-Trac/TX tra	action devices may b	e used to relieve periphe	ral
radiation/sciatica and pain a	associated with: Protruding disc.	c	
	Protruding disc.Bulging discs	5	
	Herniated discs		
	Degenerative d		
,	Posterior facet	· ·	
	> Acute facet pro	blems	
	Radicular pain		
	Prolapsed discs Spinal root imp		
•	Spinal root impHypomobility	mgement	
	Degenerative journal	oint disease	
	> Facet syndrom		
	> Compressions		
	Joint pain		
	Discogenic pai	n	1
The Triton/Tru-Trac/TX trintervertebral discs, that is,	action devices achie , unloading due to di	ve these effects through straction and positioning	decompression of
Prescription Use	AND/OR	Over-The-0	Counter Use
(Part 21 CFR 801 Subpart	 D)	(21 CFR 80)1 Subpart C)
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	510(k) Number.		
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